

**Catawba County Emergency Medical Services  
Health Insurance Portability and Accountability Act Policy and Procedure**

Acceptance to Amend Protected Health Information

[PLACE DATE HERE]

Dear [INSERT NAME OF REQUESTOR]:

This letter is to inform you that I have reviewed your request to amend the Protected Health Information for [INSERT NAME OF PATIENT]. Catawba County EMS has made the appropriate amendments and has notified all necessary entities.

Sincerely,

David Weldon, Director  
Catawba County Emergency Services